

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed: <b>5</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>Mr.</b>	FIRST <b>Dimmie</b>	MI <b>D</b>
	NICKNAME <b>(Jim)</b>	LAST <b>Kaelin</b>	SUFFIX
<p><b>FILED FOR RECORD AT OFFICE USE ONLY</b></p> <p>Date Received: <b>3:05 PM</b> <b>JUL 15 2014</b></p> <p><b>DIANA T. BARRERA</b> Clerk, County Court, Nueces County, Texas By: <b>[Signature]</b> Deputy</p>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; <b>PO Box 2703</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Corpus Christi, TX 78403</b>
<input type="checkbox"/> change of address		Date Hand-delivered or Postmarked	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>215-6614</b>	EXTENSION
Receipt #		Amount	
Date Processed		Date Imaged	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>Robert</b>	MI <b>M</b>
NICKNAME <b>Rios, Jr.</b>		LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); <b>4205 Black Bayou Ct.</b>	APT / SUITE #;	CITY; STATE; ZIP CODE <b>Corpus Christi, TX 78410</b>
8 CAMPAIGN TREASURER PHONE	AREA CODE <b>(361)</b>	PHONE NUMBER <b>707-7656</b>	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year <b>1 / 1 / 14</b>	THROUGH	Month Day Year <b>6 / 30 / 14</b>
11 ELECTION	ELECTION DATE Month Day Year <b>/ /</b>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) <b>Sheriff</b>	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

**2014-114**

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

*Jimmie D. Kaelin*

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ — 0 —

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ — 0 —

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ — 0 —

4. TOTAL POLITICAL EXPENDITURES

\$ 3444.80

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 10,989.72

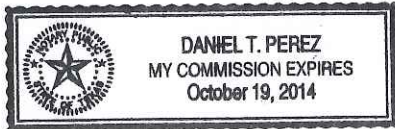
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ — 0 —

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*[Signature]*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jim Kaelin, this the 15<sup>th</sup> day of July, 20 14, to certify which, witness my hand and seal of office.

*[Signature]*

Signature of officer administering oath

Daniel T. Perez

Printed name of officer administering oath

Title of officer administering oath



# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: 1-3	<b>2</b> FILER NAME Jimmie D. Kaelin	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 6/30/14	<b>5</b> Payee name FOP	
<b>6</b> Amount (\$) 120 <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 3236 Reid Dr. Corpus Christi, TX 78404	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Police Frat Dues	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T)
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/11/14	Payee name Hector DePena	
Amount (\$) 150. <sup>00</sup>	Payee address; City; State; Zip Code 2933 Norton Suite 297 Corpus Christi, TX 78411	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Legal Fee	Description (If travel outside of Texas, complete Schedule T) Council Ref. office
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/5/14	Payee name NAACP	
Amount (\$) 750. <sup>00</sup>	Payee address; City; State; Zip Code P.O. Box 2921 Corpus Christi, TX 78403	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution	Description (If travel outside of Texas, complete Schedule T) Table Banquet
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 2/26/14	Payee name Nnecps Co. Jr. Livestock Show	
Amount (\$) 600. <sup>00</sup>	Payee address; City; State; Zip Code PO Box 260968 CORPUS CHRISTI, TX 78426-0968	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Contribution/Ad	Description (If travel outside of Texas, complete Schedule T) Scholarships
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES**

**SCHEDULE F**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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1 Total pages Schedule F: <b>2-3</b>		2 FILER NAME <b>Jimmie D. Kaelin</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>3/10/14</b>		5 Payee name <b>Martin Leal</b>			
6 Amount (\$) <b>150<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>1201 Leopard Corpus Christi, TX 78401</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Benefit BBQ</b>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>4/7/14</b>		Payee name <b>HOOKS Baseball</b>			
Amount (\$) <b>1274.<sup>80</sup></b>		Payee address; City; State; Zip Code <b>734 E. PORTAVE CORPUS CHRISTI, TX 78401</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>HOOKS baseball Seats</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>5/28/14</b>		Payee name <b>Kara Sands Campaign</b>			
Amount (\$) <b>150.<sup>00</sup></b>		Payee address; City; State; Zip Code <b>PO Box 6914 CORPUS CHRISTI, TX 78466</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution</b>		Description (If travel outside of Texas, complete Schedule T) <b>Candidate</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Kara Sands</b>		Office sought Office held <b>County Clerk None</b>	
Date <b>5/30/14</b>		Payee name <b>Guy Williams Campaign</b>			
Amount (\$) <b>200<sup>00</sup></b>		Payee address; City; State; Zip Code <b>500 N. Watersuite CORPUS CHRISTI, TX 78401</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution</b>		Description (If travel outside of Texas, complete Schedule T) <b>Candidate</b>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <b>Guy Williams</b>		Office sought Office held <b>Judge 148 Dist Pt / Same</b>	

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# POLITICAL EXPENDITURES

# SCHEDULE F

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Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
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Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

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<b>1</b> Total pages Schedule F: <b>3 - 3</b>	<b>2</b> FILER NAME <b>Jimmie D. Kaelin</b>	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date <b>5/31/14</b>	<b>5</b> Payee name <b>Jose Martinez</b>	
<b>6</b> Amount (\$) <b>200</b>	<b>7</b> Payee address; City; State; Zip Code <b>1607 Morgan Ave Corpus Christi, TX 78404</b>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) <b>Salarie</b>	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <b>Labor for Signs</b>
	<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Office sought</b>

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